

569304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

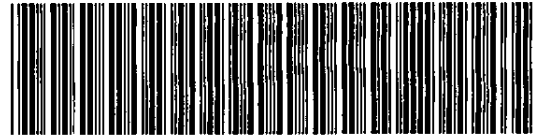
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Old Resign.

10/11/11

Pc

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ortho-Cycle Co., Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** S69304

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Netuta Matasa  
(Name of Person)

Ortho-Cycle Co., Inc.  
(Name of Firm/Company)

2026 Scott Street  
(Address)

Hollywood, FL 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

Netuta Matasa at (954) 925-6248  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Netuta Matasa, hereby resign as Vice President/ Director  
(Title)

of Ortho-Cycle Co., Inc.  
(Name of Corporation)

S69304, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

*Netuta Matasa*  
(Signature of resigning officer/director)

**FILED**  
**OCT - 7 PM 3:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314